Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
то	TAL CLAIMS							RATE	FEE	{	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.Q0
то	TAL CHARGEA	BLE CLAIMS	min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mi	nus 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	_
* If the difference in column 1 is less than zero, enter					r "0" in c	xolumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2) (Column 3)			(Column 3)	• =	SMALL E	NTITY	OR .	SMALL	
AMENDMENTAL		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	*	Minus	** 0	0	n n		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	3	=		X42=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	T CLAIM		J þ	+140=			+280=	
							ì	+140=. TOTAL		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2) Hest	(Column 3)	\ r		ADD:			,
ENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┛┃	+140=			+280=	
								+140=		OR	TOTAL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
							4	ADDIT. FEE		OR	ADDIT. FEE	
	· 	(Column 1)			ımn 2)	(Column 3)	<u> </u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=	_	OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		i	X84=	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL					1]			OR		
	16 AL - A	one dialone the co	th		to "O" :	olumn 3		+140=		OR	+280=	
* If th ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

								ĺ	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO														
Effective October 1, 2000									09780540/01028					
		CLAIMS AS		FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OR	OTHER THA		
TOTAL CLAIMS			6					RATI	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20=		•			X\$ 9=		(OR	X\$18=	1	
INDEPENDENT CLAIMS			<i>j</i> minus 3 =		*		X4		=		OR	X80=	/	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+135=			OR	+270=	_	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	\L	355	OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								OTHER THAN						
(Column 1) (Column 2) (Column 3)								SMA		ENTITY	OR	SMALL		
AMENDMENT A	(.	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 6	Minus	2	0 5	3		X\$ 9	=		OR	X\$18=		
AME	Independent	* /	Minus	*** _	<u> </u>	=		X40=		/	OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+135	=		OR.	+270=		
								TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							ADDI1.1				7.5511.7 22	-	
MENT B	Û	CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**	-	=		X\$ 9	II.		OR	X\$18=		
AMEND	Independent	*	Minus	***	Ξ			X40:	=		OR	X80=	.,	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ال	+135				+270=	; š	
									TAL		OR OR	TOTAL		
								ADDIT. F	EE		JOH	ADDIT. FEE	L	
_		(Column 1) CLAIMS			ımn 2) HEST	(Column 3	<u>,</u>			ADDI	1		1 4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	▋┃	X\$ 9	=		OR	X\$18=		
AME	Independent		Minus	***	=		4	X40:	=		OR	X80=	<u> </u>	
ľ	FIRST PRESE	ULTIPLE DEPENDENT CLAIM					, 125			1	+270=	 ;		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE			
		nber Previously Pa						und in th	е ар	propriate bo	x in co	lumn 1.		